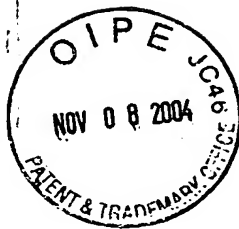


COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22314-1450



Docket No.: 200.1079CON7
Date: November 4, 2004

In re application of: Ronald M. BURCH, et al.
Serial No.: 10/057,632
Filed: January 25, 2002
For: **ANALGESIC COMBINATION OF OXYCODONE AND N-[3-(FORMYLAMINO)-4-OXO-6-PHENOXY-4H-1-BENZOPYRAN-7-YL] METHANESULFONAMIDE**

Sir:

Transmitted herewith is a **Amendment under 37 C.F.R. § 1.111** in the above-identified application.

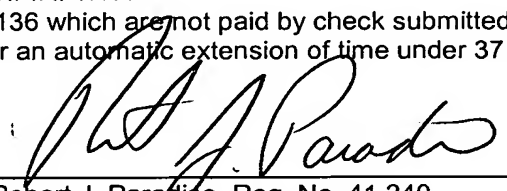
- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

| FOR: | (Col. 1) | | (Col. 2) | | SMALL ENTITY | | OR | LARGE ENTITY | |
|--|-----------|---------|------------|---------|--------------|-----|----|--------------|-----|
| | REMAINING | HIGHEST | PREVIOUSLY | PRESENT | RATE | FEE | | RATE | FEE |
| | AFTER | | PAID FOR | EXTRA | | | | | |
| TOTAL CLAIMS | Minus | = | 0 | | x \$ 9 | \$ | | x \$ 18 | \$ |
| INDEP. CLAIMS | Minus | = | 0 | | x \$ 42 | \$ | | x \$ 84 | \$ |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$140 | \$ | | + \$280 | \$ |

TOTAL: \$ OR TOTAL: \$

- * If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☒ Also transmitted herewith are:
☒ Petition for extension under 37 C.F.R. 1.136
☒ Other: **2 Information Disclosure Statements; 2 Forms PTO-1449 including copies of cited references**
- ☒ Check(s) in the amount of **\$610.00** is/are attached to cover:
☐ Filing fee for additional claims under 37 C.F.R. 1.16
☒ Petition fee for extension under 37 C.F.R. 1.136
☒ Other: **Information Disclosure Statements**
- ☒ The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on November 4, 2004.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 